ADULTS WITH JUVENILE IDIOPATHIC ARTHRITIS (JIA): DETERMINANTS AND CONSEQUENCES

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Background: Changes occurring in childhood due to JIA leads to activity and work impairment during their transition to adulthood. The factors impairing work and overall activity among adults with JIA need to be explored to formulate policy decisions and rehabilitation measures.

Objectives: • To assess the level of academic achievement, employment, work productivity and activity impairment among adults suffering from JIA • To identify factors determining activity impairment among adults with JIA

Methods: Consecutive adults classified as JIA (1) were included. Consent was obtained from the patients. Clinical evaluation for disease activity and damage was done and remission was assessed by Wallace criteria. Remission was defined as ever remission: > 6 months of disease control. Appropriate statistical tests to assess association and correlation of various factors with WPAI were used.

Results: Demography (n=51) is depicted in table 1. Never attaining remission resulted in significantly higher college dropouts (8 vs 17, p<0.05), functional impairment (mean iHAQ 1.08 vs 0.5, p<0.05) and articular damage (mean JAD A 3 vs 8, p<0.01). Disease duration, JADI A and iHAQ correlated well (r2 >.400, p<0.05) with measures of WPAI (table 2). Assessment of patient variables like gender, occupation, disease activity and remission status (figure 1) showed that women, especially the homemakers and individuals with moderate to high disease activity had significant activity impairment (P<0.05).

Conclusion: Early effective treatment directly impacts employment levels and activity in adults with JIA. Homemakers in middle- and low-income countries have the most impairment in activity as they cannot alter their work. Replacement costs for homemakers would be an added financial burden to the family and is seldom captured by studies. Our study highlights the need to look further into the indirect and intangible costs involving women that will help policy makers formulate effective economic policies for individuals with JIA.

REFERENCES:

Table 1. Demographic, educational, occupational, health profile and WPAI measures of adults with JIA

<table>
<thead>
<tr>
<th>S.No</th>
<th>Parameter (N=51)</th>
<th>Median</th>
<th>IQR</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>Disease duration (years)</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Duration of treatment (years)</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>WPAl Measures (in percentage)</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>5</td>
<td>Overall Activity Impairment</td>
<td>64.06</td>
<td>61.66</td>
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<tr>
<td>6</td>
<td>Overall Work Impairment (N=14)</td>
<td>40</td>
<td>72.05</td>
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<tr>
<td>7</td>
<td>Presentism (N=12)</td>
<td>33.03</td>
<td>51.14</td>
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<tr>
<td>8</td>
<td>Absenteeism (N=14)</td>
<td>19.6/80.4</td>
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</table>

Discourse of Interests: None declared

THU0638 CONSIDERATIONS FOR IMPROVING QUALITY OF CARE IN RHEUMATOID ARTHRITIS AND ASSOCIATED COMORBIDITIES

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Background: The presence of comorbidities in patients with rheumatoid arthritis (RA) contributes to increased morbidity and mortality. Patients

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Figure 5: Correlation between various disease associated factors and WPAI measures.

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Figure 3: Association of patient and disease characteristics with activity impairment

Disclosure of Interests: None declared